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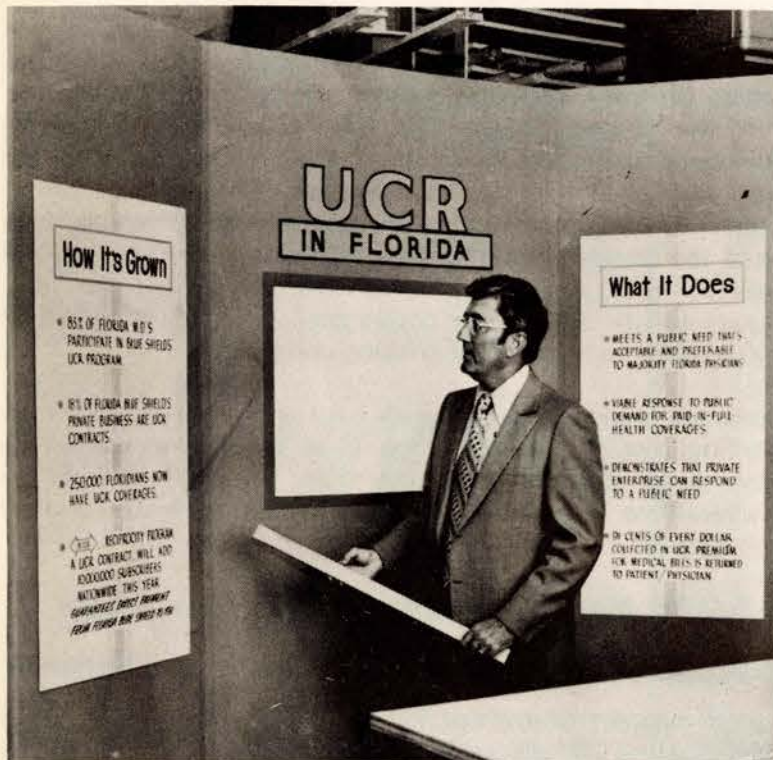
April, 1974

100th Annual Assembly:

"UCR in Florida" Is Theme of Blue Shield's Display at 1974 FMA Convention

"UCR in Florida" is the theme for Florida Blue Shield's display at the forthcoming 100th annual convention of the Florida Medical Association. The convention will be held May 9 - 11 at the Diplomat Hotel in Hollywood.

The *UCR* display is designed to acquaint Florida physicians with all aspects of the Blue Shield *UCR* Program. It will include a continuous, three-minute film plus a detailed brochure on the history and growth of *UCR* as well as the exact techniques of how Florida Blue Shield develops community and individual physician fee profiles.



George S. Lewis, Director, Professional Relations Department, Florida Blue Shield, checks the convention booth to be displayed at the 1974 assembly of the Florida Medical Association in Hollywood. "We think we have an interesting and informative display for you this year," Mr. Lewis said. "And we hope you'll stop by and see us."

The Florida Plan believes physicians from throughout the state will find the display highly informative and they are urged to visit the display booth during their convention stay.

Some of the important statistics showing *UCR* growth in Florida are:

- 18% of Florida Blue Shield's private business now involves UCR contracts.
- 250,000 Floridians have UCR coverage.
- Blue Shield's UCR claims volume is now averaging 25,000 claims monthly and UCR payments are averaging \$1,300,000 monthly.
- 91 cents of every dollar collected in Blue Shield UCR premium is returned to the patient/physician in allowances for medical services rendered.

The display further emphasizes that *UCR* has proven to be a viable response to a public demand for paid-in-full health coverage and that it is Blue Shield of Florida's way of meeting a public need which can be acceptable and preferable to a majority of Florida physicians. Currently, 83% of Florida's medical doctors are participating in the *UCR* Program.

Hospital Outpatient Minor Surgery Benefits Reviewed

Frequently, inquiries are received from physicians and hospitals concerning the availability of Blue Shield and Blue Cross benefits for hospital outpatient minor surgery.

Since July, 1968, Blue Shield has been paying inpatient surgical benefits for hospital outpatient minor surgery. This also includes services in connection with hospital outpatient surgical care such as x-ray, pathology and anesthesia. Payments are made to the same extent as if services were rendered on an inpatient basis.

Blue Cross also has been paying necessary hospital services in connection with minor surgery in the outpatient department of a hospital. In addition, Blue Cross provides outpatient benefits for hospital services in the emergency room of a hospital, generally within 72 hours of an accident, in the same manner as inpatient services.

Insofar as their facilities permit, physicians, hospitals and their medical staffs are strongly encouraged to provide hospital outpatient surgical services in an effort to deliver this type of health care at the least possible cost to the patients and to free valuable inpatient hospital beds for the acutely ill whose conditions could not be cared for on an outpatient basis.

Benefit Changes Noted Under Federal Employees Program

Several changes in benefits have been made for contract holders under the Federal Employees Program (FEP). The changes became effective January 1, 1974, and include:

- 1. Increase in Maternity Benefits (Low Option)** — Benefits were increased from \$150.00 to \$250.00 for hospital expenses, and from \$20.00 to \$25.00 for hospital administered anesthesia.
- 2. Medical Insurance Under "No Fault"** — The duplicate coverage limitation (Coordination of Benefits) now applies to a person covered by "No Fault" automobile medical insurance as well as by coverage from other group health plans.
- 3. Chemotherapy/Carcinome** — Basic benefits are provided for chemotherapy for treatment of carcinoma.
- 4. Cosmetic Surgery** — Basic hospital benefits are no longer provided for hospital admission for cosmetic surgery not related to accidental injury.
- 5. Hospital Confinement** — To coincide with Medicare's "episode of illness" provisions, successive hospital admissions are now considered to be one confinement unless separated by at least 60 days (formerly 90 days).

Subject of Suicide is Latest Public Service Project

In a continuing effort to bring important issues before the public, the Florida Blue Shield and Blue Cross Plans have initiated a new public information project. The subject of this project is suicide, the second leading cause of death among young people.

The project consists of two half-hour films and a booklet entitled, "Suicide — The Will To Die."

The first part of the film is a broadside on suicide and features a number of authorities discussing the problem in general terms. The second part focuses on the life of a woman who has attempted suicide three times and is still alive.

The booklet defines the problem of suicide noting that, in one way or another, it involves over 4 million people annually. It notes that there are over 1 million deaths, attempts and threats each year in the United States. The other 3 million people are personally and intimately involved with the suicide principal.

Physicians who are interested in this subject may obtain up to 25 copies of the booklet free of charge by writing: *Communications Department, Blue Cross and Blue Shield of Florida, P.O. Box 1798, Jacksonville 32201*. For copies over 25, a charge of \$10.00 per 100 is asked to help defray printing costs.

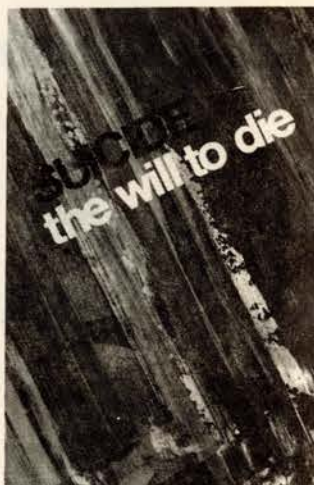
The films are loaned on a two-week basis at no charge, other than the mailing cost for returning the films to us. Information on available dates for the film can also be obtained from the Communications Department. The films are presently booked through August.

25,000 New Complementary Coverage Subscribers Added During Open Enrollment

The recent open enrollment period for persons in the state age 65 and over desiring Complementary Coverage produced 25,000 new subscribers.

The Complementary Coverage Program is designed to supplement Medicare benefits and help fill the gaps that Medicare does not pay for. The maximum amount of benefits for each Complementary Coverage subscriber was raised this year from \$5,000 to \$15,000 at no increase in rates to give greater protection against catastrophic illness or injury.

The 25,000 new Complementary Coverage subscribers raises the total enrollment of Florida senior citizens in this program to approximately 250,000.



Changing trends of suicide are discussed.

Heavy Impact Foreseen in Florida From Blue Shield's Expanded Reciprocity Program

What does Blue Shield's nationwide Reciprocity Program mean to Florida's Participating Physicians?

Reciprocity— as you probably already know — is the system that is always identified by the Red Arrow. A Reciprocity-eligible patient will always have the Red Arrow on his Blue Shield Identification Card.

Nationally, all 71 Plans throughout the U.S. are preparing for a heavy increase in claims volume under the Reciprocity Program after June 1, 1974. At that time, 2½ million new subscribers will come under the program. New Identification Cards with the Red Arrow are being issued in all states to these new eligibles, comprised of employees and retirees and families from the auto industry. By the end of 1974, other large industries are expected to join the Reciprocity Program and the National Association of Blue Shield Plans is predicting that the number of new Reciprocity-eligibles could easily reach 10 million.

Covered Services, Exclusions Under Reciprocity Program

For the benefit of physicians and medical assistants, here is a review of covered services and exclusions under the Reciprocity Program.

COVERED SERVICES

Surgery — Surgery is covered wherever the service is rendered. Included are all operative and cutting procedures, fractures, dislocations, endoscopic procedures, and pre-operative and post-operative services. Also covered are the services of an assistant physician when necessary.

Anesthesia — Anesthesia is covered whenever and wherever administered by a qualified hospital employee or by a doctor other than the operating physician or his assistant.

Radiation Therapy — Radiation therapy is covered whenever and wherever provided by a physician. This includes rental of materials unless it is supplied by a hospital or other institution.

Diagnostic X-ray — In-patient x-ray examinations are provided including interpretation and report when such examinations are consistent with diagnosis or a set of symptoms. These benefits also are covered in the doctor's office or hospital out-patient department when they are needed as a result of an accident.

Laboratory and Pathology — Laboratory and pathology examinations conducted in a hospital are covered services when they are consistent with the patient's diagnosis or symptoms. These benefits also are covered in the doctor's office or hospital out-patient department when they are needed as a result of an accident.

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The significance of this to the Florida Participating Physician is evident. Since the Reciprocity Program is geared on a national basis toward simplifying service and claims processing to an out-of-state subscriber when he needs medical service while on business or vacation in another state, Florida is one of three states which the National Association of Blue Shield Plans believes will receive the most impact from the expanded Reciprocity Program. The other two are California and Arizona. The reason, naturally, is that more people visit these three states and there are more seasonal residents in these states than any others.

When a Reciprocity-eligible patient comes to a Florida Participating Physician for services, it does not matter where the patient lives or from what Plan he belongs. The physician will receive his Usual, Customary or Reasonable (UCR) allowance for covered medical services. The Florida Plan guarantees this payment, and all claims are sent direct to the Florida Plan in Jacksonville. No correspondence or claims filing with Out-Of-State Plans is required by the physician for a Reciprocity-eligible patient.

The Florida Plan also is in the process of revising its Doctor's Service Report to include space for a Red Arrow so the physician or his medical assistant can merely copy on the claim form the number printed on the subscriber's identification card (i.e. N123) along with other information normally required. Until the new DSR's are available, the old forms will be used. Just be sure to copy in the "N" number along with other data from the subscriber's Identification Card so that proper claims processing can take place.

Participating physicians and their medical assistants who have questions about the Reciprocity Program may contact their nearest Blue Shield Physician Relations Representative or use the toll-free WATS line to the Jacksonville headquarters: **1-800-342-2324** (Duval county physicians dial locally **791-6593**).



Employee Openhouse — A special openhouse was held April 20 at the new Blue Cross and Blue Shield building in Jacksonville for employees and their families. Among the 2,000 visitors was Ruth Ann Williamson, 2-year-old daughter of Mr. and Mrs. John Williamson, shown being welcomed by J.W. Herbert, President of the Florida Plans. Families of employees were given a tour of the new facility and visited work areas where the family member is employed.

Covered Services (Cont.)

In-Hospital Medical Care — Reciprocity provides 30 days of benefits for any in-hospital medical treatment by the attending physician for a condition not related to surgical or maternity care. Concurrent care will be provided by other specialists in the event of complications.

Tuberculosis, Mental Disorders, Drug Addiction and Chronic Alcoholism — 30 days of in-hospital medical treatment is provided for these conditions.

Emergency Care — This is covered under Reciprocity for accidental injury or medical emergency. It makes no difference if services are provided in the home, doctor's office or hospital.

EXCLUSIONS

Obstetrical Services — OB services, including pre-natal and post-natal care, are not covered under Reciprocity. These services may be covered in the patient's basic coverage; claims, however, would be filed directly with the patient's Home Plan.

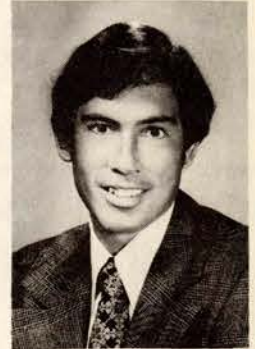
Cosmetic Surgery, Nursing and Dental Services, Care in a Government Facility; Occupational Ailments or Injury — These services are not covered under the Reciprocity Program.

Your Toll Free Physician Phone System
Number Is 1-800-342-2324
(Duval County Physicians Dial Locally: 791-6593 - All Programs Except Medicare: 791-6628 - Medicare.)

New Physician Relations Staff Member Appointed

Mr. James Mallon, of Miami, has joined the Physician Relations Department of Blue Shield of Florida and has been assigned to the Coral Gables branch office.

A native of Massachusetts, Mr. Mallon previously was employed in the insurance industry in New England. He holds a BA degree in history from the University of Miami, where he graduated in 1968.



Mr. Mallon

Mr. Mallon joins Mr. Charles Rush in the Coral Gables office as the Florida Plan's two Physician Relations Representatives serving the Dade County area.

CHAMPUS Corner

Please assist your CHAMPUS patients on unassigned charges by providing them with itemized bills (paid or unpaid) or itemized receipts which contain the following:

- (1) Name of doctor or other provider of care.
- (2) Patient's name.
- (3) Date or dates of care.
- (4) Amount charged.
- (5) Diagnosis or other suitable description of the illness or injury.
- (6) A description of the care provided.
- (7) If the care is related to hospitalization or surgery in the emergency room or outpatient department of a hospital or ambulatory surgical center, the exact dates of hospital care should be shown on the bill or receipt.

Here are answers to three of the most frequently asked questions on the CHAMPUS Program we get from doctors, their medical assistants and other providers of care.

Question: Where is the effective date of the I.D. shown for dependents? **Answer:** Item 15B on the back of the card.

Question: Do CHAMPUS beneficiaries who reach age 65 have an option to retain CHAMPUS coverage rather than take Medicare? **Answer:** No; if they are eligible for Part A Medicare, they lose the CHAMPUS benefits.

Question: If a physician signs the claim form in Item 20, does that mean he accepts assignment on the claim? **Answer:** Yes.